Katherine Negreira, Jessica Gibilisco, Vinay Rao, Jenny Dave, Marie Borum

Introduction: Studies have reported an increased prevalence of depression in patients with inflammatory bowel disease (IBD). Depression rates have been reported as high as 21.2% in IBD patients compared to 13.4% in healthy controls (1). Adding, depression and improvement in psychological health has been associated with decrease in IBD-related morbidity, reduction in health-care utilization and improvement in quality of life (2). This study evaluated the rate at which gastroenterology providers discussed or documented depression and/or anxiety in IBD patients.

Methods: A 5-year chart review of all IBD patients seen in a university GI clinic was conducted. A confidential database using Microsoft Excel included patient age, gender, race, disease type, depression or anxiety (if GI notes or remainder of electronic medical record) was created. Statistical analysis using Fisher’s Exact Test was performed with significance set at p<0.05. The study was approved by the institutional IRB.

Results: 381 records of IBD patients were reviewed. There were 298 females and 172 males (mean age 44 years; range 20–82). 96 had Crohn’s disease, 279 had Ulcerative Colitis, and 6 had indeterminate colitis. Self-reported race/ethnicity included 195 White, 97 African American (AA), 11 Asian, 1 Hawaiian, 34 other and 43 did not specify. Obstructive symptoms in CD, including CD symptoms, 298 (78.22%) did not have depression and/or anxiety and 17 (4.46%) patients did not have documentation of mental health discussion during appointments. In patients with depression and/or anxiety, 46.97% had it documented by a gastroenterology provider. There was no statistically significant difference of depression and/or anxiety based upon gender (p=1.000), ethnicity (White vs AA p=1.000; White vs Asian p=0.2129; Asian vs AA p=0.208) or disease type (p=0.091).

Conclusion: Depression is reported to occur more frequently in patients with IBD compared to the general population. However, this study revealed that university gastroenterology providers did not consistently document the presence of or a discussion about depression and/or anxiety. While this study is limited based upon size and single institution design, it suggests that increased attention to psychological health is needed in IBD patients to optimize health and clinical outcomes.

References: 

Qualitiy of Life/Psychosocial Care

P034

A QUALITATIVE STUDY EXPLORING THE BURDEN OF CROHN’S DISEASE AMONG CHILDREN AND ADOLESCENTS

Ufuk Coskun, Kim Kelly, Theresa Hunter, Louise Newton, Tara Symonds, Laure Delbecque

Background: Crohn’s disease (CD) is a type of inflammatory bowel disease that can occur at any age, though is most common between ages 15–35 years. CD symptoms can have a significant impact on health-related quality of life (HRQOL). Although key symptoms and impacts of CD in adults are well-known, exploration of these in children and the level of agreement between child reported symptoms and impacts and those observed by parents/caregiver have not been well documented.

Objectives: Understand patient experiences of CD, including CD symptoms, and the burden of living with CD, from the perspective of CD child and adolescent participants and parents/caregivers of children with CD.

Methods: Children (ages 5–11 years) and adolescents (ages 12–17 years) with CD and parents/caregivers of children with CD (ages 2–11 years) were recruited from US clinical sites. Qualitative semi-structured interview guides were developed, informed by published literature. Face-to-face and telephone concept elicitation interviews were conducted, audio-recorded and transcribed. Transcripts were analyzed using thematic methods facilitated by Nvivo.

Results: A total of 43 participants participated in this study. Preliminary results showed that pain, frequent bowel movements, diarrhea, and tiredness were spontaneously discussed by ≥60% of the participants, while blood in stool, cramping in abdomen, urgent need to defecate, and abdominal discomfort were spontaneously discussed by ≥30% of the participants. More than 15 other symptoms such as joint issues, abscess/fissures, and hives/rashes were each mentioned by at least one participant. In addition, ≥50% of the participants discussed impacts related to CD including school attendance, exercise/sports, eating and drinking limitations, and play and leisure.

Conclusions: The results from CE interviews demonstrate the clear burden of CD on children and adolescents.

P035

ADJUNCT PHARMACOTHERAPY USE FOR POUCH-RELATED SYMPTOMS IN PATIENTS WITH ILEAL POUCH-ANAL ANASTOMOSIS

Custon Nyabanga, Jordan Axelrad, Xian Zhang, Edward Barnes, Robert Sandler, Shannon Chang

Background: For patients with recalcitrant ulcerative colitis or indeterminate colitis, surgical intervention with restorative proctocolectomy and ileal pouch-anal anastomosis (IPAA) has become the standard of therapy. The most common complication after IPAA is pouchitis, which may manifest with pouch related symptoms (PRS) such as increased bowel frequency, abdominal pain, pelvic pain, urgency, or incontinence, necessitating use of adjunctive pharmacotherapies for symptom control. We evaluated the prevalence of opioid-, NSAID-, and probiotic-use among IPAA patients with and without PRS.

Methods: Utilizing patient questionnaires from the IBD Partners database cohort of patients with IPAA, we examined baseline characteristics, antibiotic and biologic use, adjunct pharmacotherapy use, and patient reported outcomes (PROs) including bowel frequency, urgency of defecation, and general well-being. We used specific Patient-Reported Outcome Measurement System (PROMIS) measures (measured in T-scores) to assess abdominal pain and depression. Bivariate analysis of baseline demographics and medication use patterns was performed to compare IPAA patients with PRS and without PRS. Among patients with PRS, PROs were compared among opioid, NSAID, and probiotic users.

Results: We identified 363 patients with IPAA patients in the IBD Partners database, and 266 (73%) reported PRS within 6 months of completing their last survey. In comparison to those without PRS, patients with significant PRS had a shorter time since diagnosis of IBD (P = 0.015), higher prevalence of antibiotic use (P < 0.05), higher rectal steroid use (P = 0.003), and more prevalent adalimumab use (P = 0.041). Among patients with PRS, there were no significant differences in PROs based on NSAID or probiotic usage. However, opiate users with PRS noted increased bowel frequency, urgency of defecation, poor general well-being, abdominal pain, and depression (P < 0.05 for all variables).

Conclusions: Among IBD patients with IPAA with PRS, the use of NSAID/s and probiotics was not associated with differences in PROs. Opioid use was associated with higher burden of PRS, but further studies will be required to elucidate association or causality.

Table 1. Comparison of Baseline Characteristics of IPAA Patients, With vs. Without Pouch-Related Symptoms (PRS) Within 6 Months of Survey (total n=363).

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P036
ADULT AND PEDIATRIC PATIENT AND PARENT ATTITUDES, PERCEPTIONS, AND EXPERIENCES WITH NUTRITIONAL THERAPIES FOR INFLAMMATORY BOWEL DISEASES: A SYSTEMATIC REVIEW

Angela Sandell, Hilary Michel, Barbara Folb

Background: Nutritional therapy, including exclusive enteral nutrition (EEN), partial enteral nutrition (PEN), the Crohn’s Disease Exclusion Diet (CDED), and the Specific Carbohydrate Diet (SCD), can be used as adjunct or primary treatment for inflammatory bowel diseases (IBD). Patient and parent attitudes and experiences regarding nutritional therapy affect the decision to use them as treatment, and ultimately, their success.

Aims: We aimed to summarize existing literature exploring patient and parent attitudes and experiences regarding using nutritional therapy for IBD.

Methods: We completed a systematic review of the literature to find all publications related to pediatric and adult patient, and pediatric parent attitudes, beliefs, and experiences with implementation of four nutritional therapies for IBD: EEN, PEN, CDED, and SCD. In collaboration with a research librarian, we prospectively developed a review protocol in PROSPERO; a search strategy was developed in Embase and translated for MEDLINE, CINAHL, PsycINFO, Cochrane Library, and Web of Science. AS and HM reviewed reported titles and abstracts for inclusion for full text review. AS and HM extracted data from full texts meeting inclusion criteria. Results were qualitatively coded in an iterative process to reveal the following themes: attitudes and beliefs, experiences, barriers, and facilitators.

Results: Our search revealed 2,127 abstracts of which 276 full texts met inclusion criteria. Of these, 28 were included for data extraction and 21 for final analysis (Figure 1); 16 were non-randomized studies and 5 were randomized control trials. Regarding attitudes and beliefs, patients using EEN and PEN in several studies reported being willing to use the therapy again in the future. Patients using the SCD felt that the diet was superior to medications and feared long-term medication side effects. Patients using EEN, PEN, and SCD commonly experienced improved quality of life (QOL) scores. Frequently, QOL scores in those on EEN or PEN were the same as or better than those on biologic medications. Another common experience reported both by patients on EEN and SCD was occasional “cheating” on the diet or eating “illegal foods.” The most common barrier to implementation of EEN and PEN was palatability. For the SCD, time to prepare foods was a barrier. Few reports of facilitators to implementation exist. No studies of the CDED met inclusion criteria. Studies are summarized in Table 1.

Conclusions: Nutritional therapy is an essential component of IBD management, yet studies focusing on the patient and parent experience with these diets are limited. Future studies with the primary aim of exploring patient and parent perceptions of and experiences with nutritional therapy should consider the added validity and utility of the revised version of the VSI as an important clinical assessment in IBD.

Table 2. Patient-Reported Outcomes in Patients with Pouch Related Symptoms Based on Opiate Use

<table>
<thead>
<tr>
<th>Symptom</th>
<th>No Opiate Use</th>
<th>Yes Opiate Use</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bowel frequency, abnormal</td>
<td>77</td>
<td>77</td>
<td>0.71</td>
</tr>
<tr>
<td>Bowel frequency, normal</td>
<td>71</td>
<td>71</td>
<td>0.71</td>
</tr>
<tr>
<td>Bowel frequency, pain</td>
<td>17</td>
<td>17</td>
<td>0.71</td>
</tr>
<tr>
<td>Bowel frequency, constipation</td>
<td>11</td>
<td>11</td>
<td>0.71</td>
</tr>
<tr>
<td>Poor General well being</td>
<td>17</td>
<td>17</td>
<td>0.71</td>
</tr>
<tr>
<td>Abdominal Pain</td>
<td>17</td>
<td>17</td>
<td>0.71</td>
</tr>
<tr>
<td>Depression feelings</td>
<td>17</td>
<td>17</td>
<td>0.71</td>
</tr>
</tbody>
</table>

P037
APPLICABILITY OF THE VISCERAL SENSITIVITY INDEX (VSI) AS A MEASURE OF GI SYMPTOM-SPECIFIC ANXIETY IN INFLAMMATORY BOWEL DISEASE PATIENTS

Kimberly Trieschmann, Sarah Park, Bruce Nahsbof, Swapna Joshi, Natacha Emerson, Jenny Sauk, Jennifer Labus, Berkeley Limketkai, Joanna Yeh, Emeran Mayer, Lin Chang

Background: Irritable Bowel Syndrome (IBS) and Inflammatory Bowel Disease (IBD) are characterized by recurrent abdominal pain, altered bowel habits, and psychological distress. Gastrointestinal (GI) symptom-specific anxiety (GSA) is the cognitive, affective, and behavioral response stemming from anxiety and fear of GI symptoms. The Visceral Sensitivity Index (VSI) measures GSA and is validated in IBS but may also be a useful measure in IBD. We previously showed that VSI scores (increased GSA) are significantly higher in adult IBD patients with mild disease activity vs. healthy controls (HC) and are associated with decreased health-related quality of life. The aim of this study was to further assess the reliability and validity of the VSI in IBD.

Methods: We administered the VSI (15 items; range 0-75) to adult IBD patients. Cronbach’s α and factor analysis were used to assess internal consistency and inter-item relationships. We also performed structured standardized cognitive interviews to assess comprehension and applicability of the VSI in adolescents and adults diagnosed with IBD until data saturation was achieved. Following the cognitive interviews, the VSI was revised based on participant feedback.

Results: 74 adult IBD patients (UC=53, CD=21) completed the VSI (mean age=29y, SD=9.2, 40% F). Internal consistency was very good (Cronbach’s α=0.86). Factor analysis (with verimax rotation) revealed one main factor accounting for 48% of the variance and a second and third factor accounting for 11% and 7% of variance, respectively (Table 1). The presence of a prominent first factor and a much smaller second factor was similar to that found in prior IBS samples. However, the items and their weightings differed between IBS and IBD suggesting there are differences in how these two groups respond to VSI questions. For the cognitive interviews, we recruited 13 IBD patients (UC=6, CD=7, mean age=23y, age range 14-44y, 61.5%F). Most patients understood the VSI questions and felt that it was applicable to their experience with IBD. Eight (61.5%) patients felt that VSI item 11 needed to be reworded. There were 4 themes patients felt were not addressed by the VSI: 1) worry that symptoms are a sign of loss of response to medications; 2) worry that symptoms mean they will need surgery; 3) worry that they will be judged by peers due to symptoms; and 4) avoidance of social situations because of symptoms. Accordingly, 1 item was revised and 4 questions were added.

Conclusion: The VSI appears to be a useful and novel tool to assess GSA in patients with IBD, however revisions were needed to better address fears related to consequences of having IBD and social interactions, especially in younger patients. Future studies will assess the added validity and utility of the revised version of the VSI as an important clinical assessment in IBD.